

# Massachusetts Baptist Charitable Society

Grant Application for Retired Clergy and Widow or Widower Monthly Grant

---Confidential----

# **Criteria for Grant Applicants**

- Applicant income must be less than \$55,000 a year (not including value of home and car, and assets of less than \$100,000).
- Applicant, or their spouse or legal partner, must have had ABC Ordination or Ministerial Standing with TABCOM as an ordained clergy, have been in good standing with TABCOM, and have served in recognized ministry in Massachusetts for a minimum of 7 years.

	Date:			
PERSONAL INFORMATION				
Name		Date of birth:		
Address				
Telephone:	E-mail			
Name of spouse:	·····	Date of spouse's death:		
Date of Ordination:	Where ordained:			
Date of Ministerial Standing with	TABCOM?:			
Spouses Ministerial Service in M	lassachusetts (dates ar	d places of each field of service):		
Date of applicant's retirement:				
CONTACT IN AN EMERGENCY	(			
Name:	Relation	onship		
Telephone:	E-mai			
Address				
Do you live alone?: □Yes □N		do you live?		
	(continued)			
Retired Clergy/Widow-Widower/ Mo	onthly Grant	Page 1 of 4		

### MONTHLY EXPENSES

Do you rent?: □Yes	□No	Own a Home?	□Yes	□No			
Monthly rent/mortgage	e payment: \$						
What amount, if any, o	of the mortgage payme	ent is toward prope	erty taxes:	\$			
Utilities (average mon	thly cost):						
Electric:	Water:	Gas	ł	Heating Oil			
Food:	Car Payments:		Ca	r Insurance			
Clothing:	Health	Health Insurance					
Cable TV	ble TV Internet Service:						
Other Monthly Expense	ses (include Rx/toiletrie	es/misc					
HEALTH INFORMAT	ION						
Do you receive Medic	are: <u>Part A:</u> □ Yes	□ No <u>Part B:</u> □ `	Yes 🗆 No	o <u>Part D:</u> □ Yes □ No			
Do you have <u>SSI:</u> □ \	′es □ No <u>Supplemer</u>	ntal Insurance?	Yes 🗆 No	o <u>Medicaid?</u> Yes □ No			
Name of Insurer:							
Specify current illness	es or disabilities, if any	/. (Attach separate	sheet if n	ecessary):			
(Attach a separate sh	eet if necessary).						
MONTHLY INCOME	include figures for yo	ourself and your v	vife				
Family: \$		MMBB: \$					
Social Security \$		SSI: \$					
	nployed:						
Other Income: \$							

(continued)

# **MONTHLY INCOME** continued Interest income: Other Annuities: \$ \_\_\_\_\_ Savings Accounts: \$ \_\_\_\_\_ Stock/Bond accounts: \$ Trust Accounts: \$ Total Monthly/Yearly interest income: \$\_\_\_\_\_ Total monthly income: \$ ASSETS Value of home: \$ Value of rental or secondary property: \$ \_\_\_\_\_ Savings accounts: \$ \_\_\_\_\_ Investments: \$ \_\_\_\_\_ Trust Accounts: Yes No Value: Insurance Policies: Yes No Value: Other Assets: \$ Do you own/lease a car: Yes No Make: \_\_\_\_\_ Year:\_\_\_\_\_ Is there any other information the Society needs to know in considering your application? 🗆 Yes 🗆 No If Yes, please specify

## VERIFICATIONS

The following verifications are needed to process your application:

- Verification of gross income/money received from all sources. (Copy of your yearly statement of income from MMBB, Social Security other retirement sources, employment, copy of Income Tax statements, etc.).
- Verification of all resources values for the month of application and three (3)
  previous months. Resources are cash, bank accounts, CDs, money market accounts,
  retirement accounts, stocks, bonds, burial resources, property—both real estate and/or
  personal property such as vehicles, boats, etc. <u>All pages of the account statements must
  be provided.</u>
- Current verification of the Face, Cash and/or Dividend value of all life insurance policies. <u>Current verification must be obtained from the insurance company.</u>
- **Deeds of Trust/Trust funds.** Copy of entire document establishing trust and listing of assets held in the trust and verification of disbursements to/from the trust accounts (s).

- **Annuities.** Copy of the entire annuity contract showing terms, purchased date, annuity amount, monthly payments and the beneficiary.
- Verification of all transfer of assets within the past 60 months.

### REFERENCES

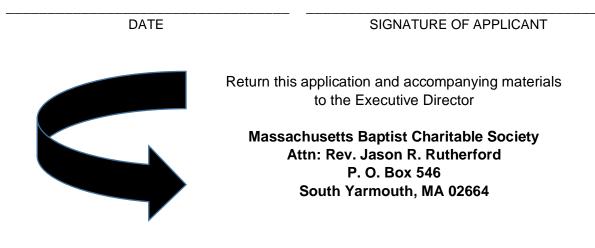
Please give the name, address and telephone number for three (3) references.

1.	 	 
2.		
3.		 
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### TAX RETURNS

• Please include a copy of your most recent Federal Income Tax Returns with this application.

To the best of my ability, the above stated information is correct.



If you have additional questions or need assistance with the forms, call Wendy at (781) 974-4398 or email to **massbaptistcharitable@gmail.com**.